



PRECONCEPTION CARE

WHAT IS THE PUBLIC HEALTH PROBLEM?

While past public health achievements have greatly improved pregnancy outcomes, perinatal problems still occur. A great opportunity for further improvement lies in prevention strategies that, if implemented prior to conception (i.e., preconception care), would result in further improvement of pregnancy outcomes. Substantial evidence substantiates that across all disciplines, promoting the health and wellness of women and couples prior to pregnancy translates into more favorable outcomes. Existing "Guidelines for Perinatal Care" developed by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend that "All health encounters during a woman's reproductive years, particularly those that are a part of preconceptional care should include counseling on appropriate medical care and behavior to optimize pregnancy outcomes". The ACOG and AAP have grouped the main components of preconception care under four categories of interventions: maternal assessment (e.g., family history, behaviors, obstetric history, general physical exam, etc); vaccinations (e.g., Rubella, Varicella and Hepatitis B); screening (e.g., HIV, STD, genetic disorders, etc); and counseling (e.g., folic acid consumption, smoking and alcohol cessation, weight management, etc).

There is strong evidence that a number of intervention components of preconception care are effective: e.g., promotion of folic acid use; management of preconceptional diabetes, hyperthyroidism, HIV/AIDS, maternal phenylketonuria, the use of anti-epileptic drugs, oral anti-coagulants, and Accutane; evaluation for rubella immunization; and addressing smoking, alcohol use, and obesity. These interventions are currently available to women and couples where indicated. However, there is no national policy supporting the provision of a preconception care "package". Bundling the various components into a preconception care visit (or visits) may improve efficient delivery of services and has the potential to improve perinatal outcomes and reduce costs associated with adverse perinatal outcomes. Given that the current delivery of health care in the U.S. does not ensure the necessary preconceptional timing of recommended care for women and couples, a substantial prevention opportunity lies in increasing access to the delivery of preconception care in these areas.

WHAT HAS CDC ACCOMPLISHED?

- Convened a CDC/ATSDR Work Group on Preconception Care to study the prevention opportunity of preconception care.
- Hosted a meeting with external partners to share information, assess barriers, and identify priorities related to preconception care in November 2004.

WHAT ARE THE NEXT STEPS?

- A National Summit on Preconception care is scheduled for June 21 and 22, 2005 in Atlanta, GA.
- Develop and publish recommendations for preconception care in collaboration with professional organizations and public and private partners.
- Develop, and evaluate strategies for bundling health messages and services.
- Train health care providers to implement preconception care.
- Initiate research to support marketing, outreach, and education to physicians, other health care professionals, and the public about the importance of preconception care.
- Conduct studies regarding the economic impact of widespread implementation of evidence-based preconception care bundles, and the effectiveness of evidence-based preconception care bundles in managed care organizations.